



CORRECTIONS MEDICINE
Suicide Prevention and Response
ACA Standard: 4 ALDF – 4C – 32

Effective: August 2013
Revised: April 2016, May 2019, August 2019
Reviewed: February 2016, May 2017, April 2018

Policy Number:
CM – 43

- I. **PURPOSE:** To assure the safety of patients by providing training and guidelines for staff regarding how to identify and address signs of suicidal ideation, gestures, and attempts expressed by patients at the Buzz Westfall Justice Center.

- II. **POLICY:** The Corrections Medicine department shall offer training and has written processes to assist medical staff in identifying factors associated with and warning signs of suicidal ideation, preventing suicidal behaviors and attempts, and implementing crisis intervention techniques for identified patients.

- III. **RESPONSIBILITY:** All staff working in the Corrections Medicine program are responsible for the following procedures.

- IV. **PROCEDURE:**
 - 1. Training
 - a. All Corrections Medicine staff shall receive training annually in suicide prevention and response. Training shall include such information as factors associated with suicidality, warning signs of suicidal ideation, assessment of suicide risk, and crisis intervention techniques for suicidal behaviors, gestures, and attempts.

 - 2. Assessment for Suicide Risk
 - a. All patients shall be screened for suicide risk factors by the Corrections Medicine staff upon intake. The nurse shall assess patients for current suicidal ideation and history of suicidal behavior using the standardized intake screening. Suicide assessment is completed again during the health assessment prior to admission to a housing unit and/or is completed if the patient is housed in the infirmary. Patients who are determined to be at risk shall be referred to a mental health provider.

 - b. Patients who are referred for a mental health assessment will be seen by a mental health staff member and the mental health professional will determine a risk status.

 - c. Based on the suicide risk assessment, the Corrections Medicine staff may assign a suicide risk status to include:
 - i. High Risk: Patient is at imminent risk of harm to self or others, with current suicidal ideation and intent or plan. Patients are placed in the infirmary with frequent monitoring by Corrections Medicine nursing and Department of Justice Services (DJS) staff. Access to items that could be used for self-harm are removed. Patients on high risk shall be assessed by a mental health provider and their status will be determined at each visit. Patients shall remain in the infirmary until their status is reduced to precautionary or no risk.

- ii. Medium Risk: Patient is at moderate risk with denial of current suicidal ideation, with history of recent ideation. The patient is housed in the infirmary with frequent monitoring by Corrections Medicine nursing and DJS staff. Patients on medium risk shall be assessed by a mental health provider and their status will be determined at each visit. Patients shall remain in the infirmary until their status is reduced to precautionary or no risk.
 - iii. Precautionary Risk: If a patient has a history of suicidal ideation or attempts, but is not currently exhibiting signs of risk for self-harm, the patient may be placed on Precautionary Status. Patients on Precautionary Status are placed in a direct supervision housing unit and shall have a cellmate. Patients on Precautionary Status are scheduled to be re-evaluated by a mental health provider regularly to determine if the precautionary risk status remains relevant or necessary.
3. If the mental health provider changes a patient's risk status, the information shall be communicated to the infirmary nursing and DJS staff.
4. Patients who are "High Risk" and "Medium Risk" status and subject to release from the Buzz Westfall Justice Center shall be assisted in their release either by requesting an assessment at a hospital or by notifying the family member who is picking up the patient that there is risk for self-harm and that close follow-up mental health services is recommended.
5. Response to Acts of Self-Harm
 - a. The staff member first learning of the act will immediately call for assistance by the most expedient means. If a radio call is made to announce an emergency situation, Corrections Medicine staff shall immediately response to the incident.
 - i. If the patient is unresponsive Corrections Medicine staff will begin emergency care or CPR upon arrival.
 - ii. Following the incident, the psychologist will review the chart and interview the patient to complete an evaluation of the incident.
 - iii. Patients who attempt suicide shall be placed in the infirmary on "high risk" status and will be evaluated by the psychologist and/or psychiatrist. All suicide attempts shall be reviewed at a Morbidity and Mortality meeting.
 - iv. If the patient is successful in their suicide attempt, the policy regarding a patient death shall be followed.

V. REFERENCES:

Department of Justice Services Policy 906: "*Suicide Prevention and Response*"

Department of Justice Services Policy 1318: *“Emergency Movement to Hospital”*

Department of Justice Services Policy 1904: *“Medical Emergency Response”*